

Dr. Kent

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

4180

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

167

721 7-67 DEATH ND 70 RESIDENCE	1. PLACE OF DEATH A. COUNTY <u>Maricopa</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <u>Arizona</u> B. COUNTY <u>Maric.</u>	
	B. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE OR TOWN <u>Mesa--Rural</u>)		C. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE RURAL) <u>Mesa-Rural</u>	
	D. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt. 3, Box 703 (Home)</u>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>Rt. 3, Box 703</u>	
DENT ONAL TA 174 9 751	3. NAME OF DECEASED A. (FIRST) <u>Charles</u> B. (MIDDLE) <u>E.</u> C. (LAST) <u>Watson</u>		4. SEX <u>male</u>	5. COLOR OR RACE <u>white</u>
	6. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <u>3</u> DAY <u>10</u> YEAR <u>77</u>	
	8. AGE YEARS <u>74</u> MONTHS <u>4</u> DAYS <u>4</u>		9. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>Custodian</u>	
	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>England</u>		11. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) <u>NO</u>		13. SOCIAL SECURITY NO.	
4500 USE IF ATH A 18)	14A. FATHER'S NAME <u>Charles S. Watson</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>England</u>	
	15A. MOTHER'S MAIDEN NAME <u>No record</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>England</u>	
	16. INFORMANT'S SIGNATURE <u>Mrs. Belva Watson (wife)</u>		17. DATE OF DEATH (MONTH) <u>July</u> (DAY) <u>14</u> (YEAR) <u>1951</u>	
TIONS, OPSY ATH TO RNAL ENCE	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). *THIS DOES NOT MEAN THE MODE OF DYING. SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTINUED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>general arteriosclerosis</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING DUE TO (b) _____ RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.	
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
ICAL ONER'S CATION	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	
	21C. (CITY OR TOWN) (COUNTY) (STATE)		21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MINUTE) (SECOND) OF INJURY	
	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR	
ERAL CTOR JD TRAR	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>July 7</u> 19 <u>51</u> TO <u>July 10</u> 19 <u>51</u> THAT I LAST SAW THE DECEASED ALIVE ON <u>July 7</u> 19 <u>51</u> AND THAT DEATH OCCURRED AT <u>10 A.M.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.		23A. SIGNATURE (DEGREE OR TITLE) <u>Melvin L. Kent, M.D.</u>	
	23B. ADDRESS <u>Mesa, Arizona</u>		23C. DATE SIGNED <u>7-16-51</u>	
	24A. BURIAL CREMATION REMOVAL <input type="checkbox"/>		24B. DATE <u>7-18-51</u>	
763897	24C. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Mesa, Arizona</u>	
	25A. DATE REC'D BY LOCAL REG. <u>7-18-51</u>		25B. REGISTRAR'S SIGNATURE <u>Jess Meldrum</u>	
	25C. FUNERAL DIRECTOR'S SIGNATURE <u>Meldrum Mortuary</u> ADDRESS <u>Mesa, Ariz.</u>		25D. EMBALMER'S SIGNATURE <u>P. J. Day</u> CERT. NO. <u>228A</u>	